



DELAWARE INSURANCE DEPARTMENT
QUARTERLY PREMIUM TAX PREPAYMENT
FOR THE CALENDAR YEAR 2006

Original Report ☐

Amended Report ☐

WFT-9

MAILING INSTRUCTIONS

The Delaware Insurance Department has established a lock-box operation with National City Bank for receipt of premium taxes and fees. Send this Working Form T-9, along with check (if applicable) to one of the addresses listed below. **DO NOT** send tax forms or checks directly to the Department. **NOTE:** Premium tax filings must be received on or before the appropriate due date. The Insurance Department does not accept postmark dates. An administrative penalty of \$100.00 per business day will be assessed for filings received after the due dates.

Attach Check Here

If using U.S. Postal Service (regular mail):

Delaware Insurance Department
c/o National City Bank
6705 Reliable Parkway
Chicago, IL 60686

If using Courier or Express Service (overnight delivery):

Delaware Insurance Department
c/o National City Bank
Attention: Lockbox # 6705
5635 S. Archer Ave.
Chicago, IL 60638-1656

COMPANY INFORMATION AND MAILING ADDRESS

Company Name: _____
Premium Tax Contact Person: _____
Contact E-mail: _____
Tax Dept. Phone and Ext.: _____ Fax: _____

Federal E.I.N. #: _____
N.A.I.C. #: _____
N.A.I.C. Group #: _____
State of Domicile (abbr.): _____

QUARTERLY TAX LIABILITY CALCULATION AND REPORT

1. Estimated Tax Liability for CURRENT year: _____
2. Domestic Insurer's Privilege Tax Liability: + _____
3. **TOTAL** Estimated Tax Liability: = _____
4. Payment Rate: X _____ .25
5. **TOTAL** Amount Due: \$ _____

↑ PAY THIS AMOUNT ↑

Questions should be directed to:
Mrs. Ann Fletcher
Premium Tax Coordinator
E-mail: Ann.Fletcher@state.de.us

IMPORTANT: Payment must be RECEIVED
on or before each due date indicated below.

PAYMENT INFORMATION (Select One)

NOTE: Authorization Agreement approval required for ACH Credit Option

☐ **ACH CREDIT** Enter Transmittal Date: _____
☐ **CHECK** Enter Check Number: _____

Make check payable to "Delaware Insurance Department"

SELECT REPORT TYPE:

☐ **Q1/06** Due APRIL 15, 2006
☐ **Q2/06** Due JUNE 15, 2006
☐ **Q3/06** Due SEPTEMBER 15, 2006
☐ **Q4/06** Due DECEMBER 15, 2006

INSTRUCTIONS

In accordance with Title 18 Delaware Insurance Code, Section 702, a prepayment of twenty-five percent (25%) of the estimated tax liability for the current year must be made on or before the due dates as directed in 18 Del. C., §702(d). In accordance with 18 Del. C., §702(f), as amended effective 6/30/96, no underpayment penalty will be imposed if the prepayments total 100% of prior year tax liability.

Line 1: Estimated Tax Liability is based on the amount expected to appear on Line 10 of the Annual Premium Tax Report for the current year. Those companies with premium from Employer/Trust Owned Life Insurance policies MUST include their estimated year-end liability as will appear on Line 13 of Annual Premium Tax Report in the calculation of quarterly premium tax prepayments.

Line 2: Delaware Domestic Insurers must include Domestic Insurers' Privilege Tax liability, as calculated according to 18 Del. C., §703.

Line 3: Sum Line 1 and Line 2

Lines 4 & 5: There shall be made four equal payments, each equaling 25% of the estimated tax liability listed on Line 3, which must be received on or before the due dates listed.

IMPORTANT: If there is no quarterly payment amount due, a zero filing (\$0.00) is NOT required.